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|--|---------------------------------|
| Certification of Mailing or Facsimile Transmission   |                                 |
| I hereby certify that I have reasonable basis to expect that, on the date shown below, this correspondence is being mailed or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450. |                                 |
| Thodore P. Cummings  | 40,973                          |
| Name   | Registration No (if applicable) |
| <i>[Signature]</i>   |                                 |
| 12/2/04  |                                 |
| Date   |                                 |

IN THE UNITED STATES PATENT & TRADEMARK OFFICE  
RESPONSE/AMENDMENT

Mail Stop Amendment

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an AMENDMENT for the patent application:

Application No. : 10/603,279  
 Applicant(s) : Lee Michael Teras, et al.  
 Filed : June 25, 2003  
 Title : METHOD FOR REDUCING ACRYLAMIDE IN CORN-BASED FOODS, CORN-BASED FOODS HAVING REDUCED LEVELS OF ACRYLAMIDE, AND ARTICLE OF COMMERCE  
 TC/A.U. : 1761  
 Examiner : Keith D. Hendricks  
 Conf. No. : 4437  
 Docket No. : 9286L  
 Customer No. : 27752

1.  No additional fees (claims fees or extension fees) are known to be required.
2.  The fee has been calculated as shown below:

|   | (Col. 1)                         | (Col. 2)                        | (Col. 3)       | OTHER THAN A SMALL ENTITY |
|---|----------------------------------|---------------------------------|----------------|---------------------------|
|   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA* | RATE FEE                  |
| TOTAL                                     | * 43                             | MINUS ** 44                     | = 0            | x \$18 = \$0              |
| INDEP.                                    | * 12                             | MINUS *** 13                    | = 0            | x \$88 = \$0              |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |                                  |                                 |                | + \$300 = \$0             |
|   |                                  |                                 |                | TOTAL \$0                 |

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

3.  The Commissioner is hereby petitioned under 37 CFR §1.136(a) to grant any extension of time needed for timely response to the Office Action dated June 30, 2004 in the above-identified application to preserve pendency of said application. The processing fee under 37 CFR §1.17 has been determined as follows: \$980.00 for a three-month extension of time.
4. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.
  - a.  Any patent application processing fees under 37 CFR §1.16.
  - b.  Any patent application processing fees under 37 CFR §1.17.
5. The Director is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

THE PROCTER & GAMBLE COMPANY

By \_\_\_\_\_

Theodore P. Cummings  
Registration No. 40,973  
(513) 634-1906

**FEE TRANSMITTAL  
for FY 2005**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT (\$)** 980.00

| <b>Complete if Known</b> |                           |
|--------------------------|---------------------------|
| Application Number       | 10/603,279                |
| Confirmation Number      | 4437                      |
| Filing Date              | June 25, 2003             |
| First Named Inventor     | Lee Michael Teras, et al. |
| Examiner Name            | Keith D. Hendricks        |
| Art Unit                 | 1761                      |
| Attorney Docket No.      | 9286L                     |

| <b>METHOD OF PAYMENT</b>  |                      |   | <b>FEE CALCULATION (continued)</b>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
|---|----------------------|---|--|--------------------------|-----------------|----------|------|-----------------|--------------------|--------------------------|------|-----------------------------------|--------------------------|--------------------------|------|--|--------------------------|--------------------------|------|---------------------------|--------------------------|--------------------------|---|--|--------------------------|------|-----------------|--|--------------------------|--------------|--------------|---|--------------------------|--------------------|-------------|--|--------------------------|--------------------|-----|--|--------------------------|------|------|--|-------------------------------------|------|------------------------|--|--------------------------|-----------------------------------|-------|--|---------------------------------------|------|-----|---|--------------------------|------|---|--|--------------------------|------|-----|--------------------------|--------------------------|------|-------|---|--------------------------|------|-----|----------------------------------|--------------------------|------|-------|------------------------------------|--------------------------|------|-------|--------------------------------|--------------------------|------|-----|------------------|--------------------------|------|-----|-------------------------------|--------------------------|------|----|--|--------------------------|------|-----|--|--------------------------|------|-----|--|--------------------------|------|-----|--|--------------------------|------|-----|---|--------------------------|------|-----|---|--------------------------|------|-------|---|--------------------------|---------------------------|--|--|--------------------------|---------------------------|--|--|--------------------------|--------------|---------|------------------------------------|--|-------------|-----------|--------------|--|--|---------|--------------------------|--|
| <p>1. [X] The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:</p> <p>Deposit Account Number: 16-2480<br/>Deposit Account Name: The Procter &amp; Gamble Company</p>   |                      |   | <p>3. ADDITIONAL FEES</p> <table> <tbody> <tr> <td>Code</td> <td>(\$)</td> <td>Fee Description</td> <td>Fee Paid</td> </tr> <tr> <td>1051</td> <td>130</td> <td>Surcharge-late filing fee or oath</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1052</td> <td>50</td> <td>Surcharge-late provisional filing fee or cover sheet</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner's action</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner's action</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1251</td> <td>110</td> <td>Extension for reply within 1<sup>st</sup> month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1252</td> <td>430</td> <td>Extension for reply within 2<sup>nd</sup> month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1253</td> <td>980</td> <td>Extension for reply within 3<sup>rd</sup> month</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>1254</td> <td>1,530</td> <td>Extension for reply within 4<sup>th</sup> month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1255</td> <td>2,080</td> <td>Extension for reply within 5<sup>th</sup> month</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1401</td> <td>340</td> <td>Notice of Appeal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1402</td> <td>340</td> <td>Filing a brief in support of an appeal</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1403</td> <td>300</td> <td>Request for oral hearing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1452</td> <td>110</td> <td>Petition to revive - unavoidable</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1453</td> <td>1,370</td> <td>Petition to revive - unintentional</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1501</td> <td>1,370</td> <td>Utility issue fee (or reissue)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1502</td> <td>490</td> <td>Design issue fee</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1807</td> <td>50</td> <td>Processing fee under 37 C.F.R. 1.17(q)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1809</td> <td>790</td> <td>Filing a submission after final rejection<br/>(37 CFR § 1.129(a))</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1810</td> <td>790</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1801</td> <td>790</td> <td>Request for Continued Examination (RCE)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1454</td> <td>1,370</td> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3">Other fee (specify) _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3">Other fee (specify) _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SUBTOTAL (1)</td> <td>(\$)[0]</td> <td colspan="2">* Reduced by Basic Filing Fee Paid</td> <td>SUBTOTAL(3)</td> <td>(\$)[980]</td> </tr> <tr> <td colspan="3">SUBTOTAL (2)</td> <td>(\$)[0]</td> <td colspan="2">Complete (if applicable)</td> </tr> </tbody> </table> |                          |                 | Code     | (\$) | Fee Description | Fee Paid           | 1051                     | 130  | Surcharge-late filing fee or oath | <input type="checkbox"/> | 1052                     | 50   | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> | 1053                     | 130  | Non-English specification | <input type="checkbox"/> | 1812                     | 2,520   | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> | 1804 | 920*            | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> | 1805         | 1,840*       | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> | 1251               | 110         | Extension for reply within 1 <sup>st</sup> month | <input type="checkbox"/> | 1252               | 430 | Extension for reply within 2 <sup>nd</sup> month | <input type="checkbox"/> | 1253 | 980  | Extension for reply within 3 <sup>rd</sup> month | <input checked="" type="checkbox"/> | 1254 | 1,530                  | Extension for reply within 4 <sup>th</sup> month | <input type="checkbox"/> | 1255                              | 2,080 | Extension for reply within 5 <sup>th</sup> month | <input type="checkbox"/>              | 1401 | 340 | Notice of Appeal                                  | <input type="checkbox"/> | 1402 | 340   | Filing a brief in support of an appeal | <input type="checkbox"/> | 1403 | 300 | Request for oral hearing | <input type="checkbox"/> | 1451 | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> | 1452 | 110 | Petition to revive - unavoidable | <input type="checkbox"/> | 1453 | 1,370 | Petition to revive - unintentional | <input type="checkbox"/> | 1501 | 1,370 | Utility issue fee (or reissue) | <input type="checkbox"/> | 1502 | 490 | Design issue fee | <input type="checkbox"/> | 1460 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | 1807 | 50 | Processing fee under 37 C.F.R. 1.17(q) | <input type="checkbox"/> | 1806 | 180 | Submission of Information Disclosure Statement | <input type="checkbox"/> | 1809 | 790 | Filing a submission after final rejection<br>(37 CFR § 1.129(a)) | <input type="checkbox"/> | 1810 | 790 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> | 1801 | 790 | Request for Continued Examination (RCE) | <input type="checkbox"/> | 1802 | 900 | Request for expedited examination of a design application | <input type="checkbox"/> | 1454 | 1,370 | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | SUBTOTAL (1) | (\$)[0] | * Reduced by Basic Filing Fee Paid |  | SUBTOTAL(3) | (\$)[980] | SUBTOTAL (2) |  |  | (\$)[0] | Complete (if applicable) |  |
| Code  | (\$)                 | Fee Description   | Fee Paid   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1051  | 130                  | Surcharge-late filing fee or oath   | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1052  | 50                   | Surcharge-late provisional filing fee or cover sheet  | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1053  | 130                  | Non-English specification   | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1812  | 2,520                | For filing a request for <i>ex parte</i> reexamination  | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1804  | 920*                 | Requesting publication of SIR prior to Examiner's action  | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1805  | 1,840*               | Requesting publication of SIR after Examiner's action   | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1251  | 110                  | Extension for reply within 1 <sup>st</sup> month  | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1252  | 430                  | Extension for reply within 2 <sup>nd</sup> month  | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1253  | 980                  | Extension for reply within 3 <sup>rd</sup> month  | <input checked="" type="checkbox"/>  |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1254  | 1,530                | Extension for reply within 4 <sup>th</sup> month  | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1255  | 2,080                | Extension for reply within 5 <sup>th</sup> month  | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1401  | 340                  | Notice of Appeal  | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1402  | 340                  | Filing a brief in support of an appeal  | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1403  | 300                  | Request for oral hearing  | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1451  | 1,510                | Petition to institute a public use proceeding   | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1452  | 110                  | Petition to revive - unavoidable  | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1453  | 1,370                | Petition to revive - unintentional  | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1501  | 1,370                | Utility issue fee (or reissue)  | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1502  | 490                  | Design issue fee  | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1460  | 130                  | Petitions to the Commissioner   | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1807  | 50                   | Processing fee under 37 C.F.R. 1.17(q)  | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1806  | 180                  | Submission of Information Disclosure Statement  | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1809  | 790                  | Filing a submission after final rejection<br>(37 CFR § 1.129(a))  | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1810  | 790                  | For each additional invention to be examined (37 CFR § 1.129(b))  | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1801  | 790                  | Request for Continued Examination (RCE)   | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1802  | 900                  | Request for expedited examination of a design application   | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1454  | 1,370                | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| Other fee (specify) _____   |                      |   | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| Other fee (specify) _____   |                      |   | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| SUBTOTAL (1)  | (\$)[0]              | * Reduced by Basic Filing Fee Paid  |  | SUBTOTAL(3)              | (\$)[980]       |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| SUBTOTAL (2)  |                      |   | (\$)[0]  | Complete (if applicable) |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| <p>1. BASIC FILING FEE – Large Entity</p> <table> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>790</td> <td>Utility filing fee</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1002</td> <td>350</td> <td>Design filing fee</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1004</td> <td>790</td> <td>Reissue filing fee</td> <td><input type="checkbox"/></td> </tr> <tr> <td>1005</td> <td>160</td> <td>Provisional filing fee</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                      |   | Code   | (\$)                     | Fee Description | Fee Paid | 1001 | 790             | Utility filing fee | <input type="checkbox"/> | 1002 | 350                               | Design filing fee        | <input type="checkbox"/> | 1004 | 790  | Reissue filing fee       | <input type="checkbox"/> | 1005 | 160                       | Provisional filing fee   | <input type="checkbox"/> | <p>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE – Large Entity</p> <table> <thead> <tr> <th></th> <th>Extra<br/>Claims</th> <th>Fee from<br/>Below</th> <th>Fee<br/>Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>[ ] - 20** =</td> <td>[ ] x</td> <td>[ ] = [ ]</td> </tr> <tr> <td>Independent Claims</td> <td>[ ] - 3** =</td> <td>[ ] x</td> <td>[ ] = [ ]</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>[ ]</td> <td>= [ ]</td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>88</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>300</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>88</td> <td>**Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>**Reissue claims in excess of 20 &amp; over original patent</td> </tr> </tbody> </table> |  |                          |      | Extra<br>Claims | Fee from<br>Below  | Fee<br>Paid              | Total Claims | [ ] - 20** = | [ ] x   | [ ] = [ ]                | Independent Claims | [ ] - 3** = | [ ] x  | [ ] = [ ]                | Multiple Dependent |     | [ ]  | = [ ]                    | Code | (\$) | Fee Description                                  | 1202                                | 18   | Claims in excess of 20 | 1201   | 88                       | Independent claims in excess of 3 | 1203  | 300  | Multiple dependent claim, if not paid | 1204 | 88  | **Reissue independent claims over original patent | 1205                     | 18   | **Reissue claims in excess of 20 & over original patent |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| Code  | (\$)                 | Fee Description   | Fee Paid   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1001  | 790                  | Utility filing fee  | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1002  | 350                  | Design filing fee   | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1004  | 790                  | Reissue filing fee  | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1005  | 160                  | Provisional filing fee  | <input type="checkbox"/>   |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
|   | Extra<br>Claims      | Fee from<br>Below   | Fee<br>Paid  |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| Total Claims  | [ ] - 20** =         | [ ] x   | [ ] = [ ]  |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| Independent Claims  | [ ] - 3** =          | [ ] x   | [ ] = [ ]  |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| Multiple Dependent  |                      | [ ]   | = [ ]  |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| Code  | (\$)                 | Fee Description   |  |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1202  | 18                   | Claims in excess of 20  |  |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1201  | 88                   | Independent claims in excess of 3   |  |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1203  | 300                  | Multiple dependent claim, if not paid   |  |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1204  | 88                   | **Reissue independent claims over original patent   |  |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| 1205  | 18                   | **Reissue claims in excess of 20 & over original patent   |  |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| SUBMITTED BY  |                      |   |  |                          |                 |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| Name (Print/Type)   | Theodore P. Cummings | Registration No.<br>(Attorney/Agent)  | 40,973   | Telephone                | (513) 634-1906  |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |
| Signature   |                      |   | ^  | Date                     | 12/2/2004       |          |      |                 |                    |                          |      |                                   |                          |                          |      |  |                          |                          |      |                           |                          |                          |   |  |                          |      |                 |  |                          |              |              |   |                          |                    |             |  |                          |                    |     |  |                          |      |      |  |                                     |      |                        |  |                          |                                   |       |  |                                       |      |     |   |                          |      |   |  |                          |      |     |                          |                          |      |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |  |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |       |   |                          |                           |  |  |                          |                           |  |  |                          |              |         |                                    |  |             |           |              |  |  |         |                          |  |

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